

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/014004

FILING DATE

APPLICANT(S)

CLAIMS

.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3	2		1		1	
4	0		1		1	
5	0		1		1	
6	0		1		1	
7	0		1		1	
8	0		1		1	
9	0		1		1	
10	0		1		1	
11	0		1		1	
12	0		1		1	
13	0		1		1	
14	0		1		1	
15	0		1		1	
16	0		1		1	
17	0		1		1	
18	0					
19	0					
20	0					
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50						
TOTAL IND.			1			
TOTAL DEP.			15			
TOTAL CLAIMS			16			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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100								
TOTAL IND.			1					
TOTAL DEP.			15					
TOTAL CLAIMS			16					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS